



Galena-Jo Daviess County  
HISTORICAL SOCIETY

## Pledge

In support of the Galena-Jo Daviess County Historical Society **Our History Matters** Capital Campaign, I/we wish to contribute as indicated below.

### 1. Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
ID No.: \_\_\_\_\_

Check the box next to your preferred communication method.

Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### 2. Donation Amount

Total Amount I/we wish to Gift:

\$ \_\_\_\_\_

To be paid:

- As a one-time gift  
 Over 5 years  
 Other \_\_\_\_\_

### 3. Gift Payment Terms

Payments will begin in the year:

- 2023     2024     2025  
 2026     2027     2028

Payments will begin the month of (circle one):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Payments will be made:

Annually     Semi-annually     Monthly

Please find enclosed a gift payment of \$ \_\_\_\_\_.

### Make checks payable to:

**Our History Matters** Capital Campaign

Please **do not send** billing reminders unless I/we fall behind in payments.

### 4. Gift Payment Options

I/We will be paying by **check**. Please bill me as indicated in the Gift Payment Terms section.

I/We will be paying by ACH direct payment from my bank account. For your security, please contact the Historical Society to provide banking information. Call us at 815-777-9129

I/We will be paying by **credit card**. Please charge my card as indicated in the Payment Terms section. For your security, please contact the Historical Society to provide your credit card information. Call us at 815-777-9129

I/We wish to make a gift of stock, real estate, or other than cash or credit card. (You will be contacted for additional information.)

### 5. Public Acknowledgment

For acknowledgment and listing of my/our name as a contributor (without using amounts) to the **Our History Matters** Capital Campaign please list as indicated below. (Limit to 45 characters including spaces.)

Your Name(s) as you wish acknowledged: \_\_\_\_\_

Option for gifts over \$1,000 - Please include additional recognition below. (Limit to 45 characters including spaces.)

In memory of \_\_\_\_\_     In honor of \_\_\_\_\_

I/We wish our gift to remain anonymous. Please **do not publish** my/our name as a contributor.

### 6. Signature (Required. If multiple donors, both must sign.)

\_\_\_\_\_  
Date: \_\_\_\_\_

Thank you! Your donation will be recorded as designated to the **Our History Matters** Capital Campaign as directed by the Historical Society Board of Directors.